IN THE UNITED STATES DISTRICT FOR THE DISTRICT OF DELA		OCT 0 / 2016  U.S. DISTRICT COURT DISTRICT OF DELAWAR
(In the space above enter the full name(s) of the plaintiff(s).)	-	16- 920
-against-	,	gned by Clerk's
Department of Justice	COM	PLAINT
Bureau Of Prisons	(Pro Se)	
Fort Dix Correctional Institution  (In the space above enter the full name(s) of the defendant(s).	Jury I	

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section I. Do not include addresses here.)

### **NOTICE**

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

# I. PARTIES IN THIS COMPLAINT

#### **Plaintiff**

List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:	Name (Last, First, MI)	innque	SBI# 00723668
	1301 East Street Address	12th Str	eet (P.O. BOX 9561)
	Wilmington County, City	D E State	19809 Zip Code
	Telephone Number	E-mail Addre	ess (if available)

# Defendant(s)

List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1:	Name (Last, First)		
	5756 Hartford and Street Address	l Pointville R	Road
	Joint Base MDL County, City	New Jersey State	<b>08640</b> Zip Code
Defendant 2:	Federal Bureau of Name (Last, First)	Prisons	
	320 First Street Street Address	μW	
	Washington County, City	DC State	<b>20534</b> Zip Code

Defendant(s)	Continued		
Defendant 3:	U.S. Departmen	+ Of Justice	
	Name (Last, First)		
	950 Pennsylvan	ia Ave.	
	Street Address		
	Washington	<b>DC</b>	20530
	Washington County, City	State	Zip Code
Defendant 4:	Name (Least Plant)		
	Name (Last, First)		
	Street Address		
		0	7' 0 1
	County, City	State	Zip Code
II. BASIS FO	OR JURISDICTION		
Chack the option t	that hast describes the basis	for jurisdiction in your	easa:
Check the option t	hat best describes the basis	jor jurisaiction in your c	ase.
☑ U.S. Governm	ent Defendant: United Stat	es or a federal official or	agency is a defendant.
•	itizenship: A matter between in controversy exceeds \$75		e citizens of different states
	tion: Claim arises under the		eaties of the United States.
	eral Question", state which o		
rights have been v	-	or your rederar constitution	onar or rederar statutory
		18 801 31 1	

# III. VENUE

This court can hear cases arising out of the Counties of New Castle, Kent, and Sussex in the State of Delaware.

Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.

Venue is appropriate in this Court because:

I am suing t	he U.S. Government (DOJ/BOP) specifically
Fort Dix Fe	he U.S. Government (DOJ/BOP) specifically deral Correctional Institution and I live in
	I'm filing in
	<u></u>
IV. STATEMENT	T OF CLAIM
Place(s) of occurrence:	Fort Dix Federal Correctional Institution
Date(s) of occurrence	: May 15th, 2014
State here briefly the I	FACTS that support your case. Describe how each defendant was the alleged wrongful actions.

**FACTS:** 

What happened to both agents mude contact with me and I agree to cooperate with them The federal prosecutor is this investigation was Mr. Capo As part of the agreement they gave me the waventy safety that I will never in untact with my

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co-defender and I will protected and relocated in another

(Del. Rev. 11/14) Pro Se General Complaint Form

State of USA. Un November 2006 I was arrested by U.S. Marshall and placed in cystade at from my cot-detender and placed un in a new crime in come I was arrested on bond states On April 4, 2014 my Raminez) revoked violation of it and I was arrest custody at FDC Philadelphia, PA. Due this the hearing sentencing. P I would like to explain and clanto every thing that was written and specified probation offi this point. Un May 6, I was ow. Upon arning over cooperation May 15, 2014 I was he same day of May 15, 2014 Lwas returning

Was anyone else involved?

offer lunch when I was assalted by several inmater and
I recognized one of them as my co-defender. I recoved
several injuries on my body and verbal threatening that
they are going to kill me. I was checked at medical services
of the prision and taken to the Trenton Hospital of
N.J. outside the prision where I receive medical care.
Ofter to be discharge from the hospital I was brought back
to the prision and placed in the "SHU" (Special Housing
Unit) during 142 days During this time my federal inviato
benefict were cancelled the prision officer fold me that I was
placed in the "SHU" for safety and protection by I received
the pushniment of SHU" I, L, others in made that were
there dur other problems.
During the investigation of this incident I was
visted by my unit manager Mr. R. Whritenaur who
tok me that according investigation, process
they found certainly my widefender were the inmotes
that assaulted me, but was on myself responsability due
I request to the judge to be placed in fact bix
and wasn't written down in my file for us to
be seperated. Beally I did it, but I did not have
idea that my co-detender were in the prision. Also
is clear and well known that the B.O.D. takes its
desicion regardless the inmates desire and request and the B.O.P. should have all details about
and the Brook should have all details about
each inmute custody.

Who did what?

# V. INJURIES

If you sustained injuries related to the events alleged above, describe them here.

Qs_	a result of a physical assault on May 15, 2014; I received
	and injuries. The injuries include chromic pain may neck,
bod	S. right shoulder, right elbox lower book and in my chest. 4130
to.	relude chance headoches and F had to receive stitches to alecens
abor	is my right-eye Consequently my physical capacity for exercise and day activities hear become limited. In addition to the physical as
whi	h had taken place in fact bix. Illhimstely I have post-troumetic
54 yr.e.	as and limitely disorder with a parminient feeling of poince
VI.	RELIEF
The re	elief I want the court to order is:
	Money damages in the amount of: \$ 1,000,000.00
	Other (explain):

### VII. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; and (3) complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

10 03 16	Emgi	ut Ton	hulle
Dated 1	Plaintiff's Sig	nature	
Torruella, Enriqu	re.		
Printed Name (Last, First, MI)			
P.U. Box 9561	Whyngton	DE	19809
Address	City	State	Zip Code
Telephone Number	F-mail Addres	s (if availab	le)

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.